

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center;">10088916</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	1	51						
2						1	52						
3						2	53						
4						2	54						
5						2	55						
6						2	56						
7						2	57						
8						2	58						
9						2	59						
10						1	60						
11					1	1	61						
12						1	62						
13						1	63						
14						3	64						
15						3	65						
16						3	66						
17						1	67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.					3		TOTAL IND.						
TOTAL DEP.					25		TOTAL DEP.						
TOTAL CLAIMS					28		TOTAL CLAIMS						